FCC 388

DTV Consumer Education Quarterly Activity Report

Instructions □ This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to <u>all</u> station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page: ☐ HYPERLINK
 "http://fjallfoss.fcc.gov/prod/ecfs/upload_v2.cgi"
 ☐ http://fjallfoss.fcc.gov/prod/ecfs/upload_v2.cgi☐
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".

• If you have another file to attach, click on the "Enter Additional

 $Attachments " \ \square \ \square \ \square \ Station \ Call \ Sign(s) \ \square \ \ FORMTEXT \ \square \ KOCM \ \square \ \square \ \square \ Report \\ \textbf{reflects information for quarter ending (mm/dd/yy)} \ \square \ \ FORMTEXT \ \square \ 3/31/08 \ \square \ \square \ \square \ Have$

you opted to comply with Option One, Two, or Three (once elected, this choice may not

change)?□□□□□□ FORMCI	HECKBOX □	Option O	ne (A and	$\mathbf{D})\square\square$	FORMCHE	CKBOX 🗆
Option Two (B and D)		IECKBOX [Option T	hree (C	and D) \square \square	$\square Over$
the past quarter, have you fu	ılly complied v	vith the req	uirements	of this o	ption?□□□]
FORMCHECKBOX	$\square\square Yes \square\square FO$	RMCHECK	BOX 🗆 🗆 No	$\square \square Sim$	ulcasting \square	□Are you
simulcasting on your Analog	channel and y	our primai	ry Digital st	tream?[
FORMCHECKBOX Yes	□ FORMCHE		$N_0 \square \square \square \square \square$		ES , complet	e only one

form for both. If NO, complete a form for your Analog channel and a second for your primary

Digital stream $\square \square \square$
$\ \Box \ FORMTEXT \ \Box KKAP \\ \Box \ Channel \ Numbers \ \Box \ Community \ of \ License \\ \Box \ \Box \ \Box \ City \\ \Box \ State \\ \Box \ County \\ \Box \ Zip \\ \\ D \ City \\ D \ County \\ D \ City $
$Channel\ Numbers\ \Box\ Community\ of\ License\ \Box\ \Box\ \Box\ City\ \Box\ State\ \Box\ County\ \Box\ Zip\ Code\ \Box\ \Box\ Analog\ \Box\ FORMTEXT$
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☐ Above, circle the Channel Number(s) to which this form applies.
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Section A (For broadcasters electing Option One) □□□□Stations that elect Option One must place a copy of this form on the station's public website, if such exists. □□□□On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60

consecutive seconds across the bottom or top of the viewing area (See rules for additional

details).
week, depending on the reporting period) during the correct quarters of the day? $\Box\Box\Box$
$FORMCHECKBOX \ \Box \Box Yes \Box \Box \ FORMCHECKBOX \ \Box \Box No \Box \Box \Box \Box \\ Have \ you \ aired \ a \ sufficient$

number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) during

the	$\operatorname{correct}$	quarters	of t	the	$day? \square \square \square \square$	FORMCHECKBOX	$\square\square Yes\square\square$	FORMCHECKBOX
								\square \square \square \square \square \square \square

Section B (For broadcasters electing Option Two) \(\subseteq \subseteq \text{On} \) its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m.. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the

conclusion	of	the	traı	nsitio	on.	Com	ımen	t l	ooxes	MUS	ST	be	used	to	describ	ре	$_{ m these}$	con	nplia	nt

activities (See rules for additional details). $\Box\Box\Box\Box$ Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter $\Box\Box\Box$ How

many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last

quarter? \Box \Box Total 5:00 a.m. to 1:00 a.m. PSAs \Box FORMTEXT \Box 0 \Box \Box \Box \Box Total 5:00 a.m. to 1:00 a.m. $CSTs \square \square$ FORMTEXT $\square 0 \square \square \square \square$ For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00

a.m.? \square \square Total 6:00 a.m. to 9:00 a.m. PSAs \square \square FORMTEXT \square 0 \square \square \square \square \square \square \square \square \square \square Total 6:00 a.m. to 9:00 a.m. CSTs \square \square FORMTEXT \square 0 \square \square \square \square \square For stations located in the Eastern or

Desifica Time Wares have many DTV DCAs and CCTs did now station must be last expectant	
Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter	

 DTV PSAs and CSTs did your station run in the last quarter from 5.00 p.m. to 10.35

p.m.(must average at least 4 per week)? \square \square Total 5:00 p.m. to 10:35 p.m. PSAs \square FORMTEXT \square 0 \square \square \square \square \square \square \square Total 5:00 p.m. to 10:35 p.m. CSTs \square \square FORMTEXT
$\square 0 \square \square$
\square KKAP will begin airing the required DTV Education spots on 04/08/08. \square \square
30 Minute Educational Programs – Last Quarter□□□□How many 30 minute, DTV-related

informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17,

2009.	number	of	30	Minute	Informational	$Programs \square \square$	FORMTEXT				
$\square 0 \square \square \square \square \square \square$ Comments (add additional sheets where necessary): $\square \square \square \square$ FORMTEXT											
□ □□□□□100-Day Countdown Eligible Pieces – Last Quarter□□□□Beginning on											
November 10, 2008, all stations participating in Option Two will engage in special 100-Day											
"Countdown to D'	ΓV" activit	ties.	Sta	tions mus	st execute a min	imum of one "	Countdown to				
DTV" on-air activi	ty per day	/ dui	ring t	the 100 da	ays leading up to	February 17,	2009. During				

the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your

station	$\operatorname{run} ? \square \square \square \square$	FORMTEXT		$\square\squareGraphic$	Displays		FORMTEXT		
		Animated Gra	phics	['] □□□ FORMTEΣ	TT	$\Box\Box Grap$	hic and Audio		
$Displays \square \square \square $ FORMTEXT \square $\square \square Longer Form Reminders \square \square \square \square $ Comments (add									
addition	al sheets where	e necessary):□[$ ext{RMTEXT} \; \Box$					

Section C (For Noncommercial broadcasters only) $\square \square \square \square \square \square \square \square \square \square$ on its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and

midnight. It must also run one 30 minute transition education piece once (See rules for

additional details).□□□Have you aired a sufficient amount of consumer education (60, 120,
or 180 seconds per day, depending on the date) during each day this quarter? $\Box\Box\Box$
$FORMCHECKBOX \square \square Yes \square \square FORMCHECKBOX \square \square No \square \square \square \square 30$ Minute Educational
$\textbf{Programs-Last Quarter} \ \square \ \square \ \square \ \text{How many 30 minute, DTV-related informational programs}$

did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35

pary 17, 2009. \Box Total number of 30 Minute Informational Programs \Box \Box \Box Comments (add additional sheets where necessary): \Box \Box \Box
roadcasters) Additional DTV On-air Initiatives – Last station run additional on-air initiatives (such as news reports, town hall

meetings, etc.) during the quarter? The comment box may be used to describe these

initiatives. $\square\square\square$ FORMCHECKBOX $\square\square Yes\square\square$ FORMCHECKBO	$OX \square \square No \square Comments$ (add			
additional sheets where necessary): \Box \Box \Box \Box FORMTEXT \Box	□□□□□□Station Website			
Additional Activity Related to the DTV Transition – Last Quarter $\Box \Box \Box \Box$ Does your station				
have a Website? III FORMCHECKBOX III Yes III FORMCHECI	$KBOX \sqcap DNo \sqcap DIfYESdid$			

your station provide additional DTV related information or activities on that Website? The

comment box may be used to describe what wa	s posted on the station's Website. \Box
$FORMCHECKBOX \square \square Yes \square \square FORMCHECKBOX$	XBOX □□No□Comments (add additional sheets
where necessary): \Box \Box \Box \Box \Box FORMTEXT \Box	\square \square \square \square Additional DTV Outreach Efforts -
- Last Quarter \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ated activities listed below that your station

engaged in over the last quarter. The comment box may be used to describe this

activity. \square \square \square \square FOI	$RMCHECKBOX \ \square \square Speaking \ E$	${ m lngagements}\square{ m Comments}$	s (add additional
sheets where necessa	ry): \square \square \square \square FORMTEXT \square		HECKBOX
$\Box\Box Commun$	ity Events□Comments (add add	ditional sheets where ne	$cessary$): $\Box\Box\Box\Box\Box$
FORMTEXT \square	□□□□□□ FORMCHECKBOX	$X \square \square Other (describe) \square C$	omments (add
additional sheets who	ere necessary): $\Box\Box\Box\Box\Box$ FORMT	CEXT D DDDDD	This comment

box may be used to include other comments or information about your station's DTV activity

over the last quarte	er. \Box Comments (add additional sheets where necessary): \Box \Box
FORMTEXT \square	
STATION CERTIF	ICATION□□□□I certify that the statements in this document are true,

complete, and correct to the best of my knowledge and belief, and are made in good

$faith. \square \square \square \square \text{Typed or Printed Name of Person Signing} \square \text{Typed or Printed Title of Person Signing} \square \square \square$
$FORMTEXT \ \Box Bud \ Cantrell \ \Box \ \Box \ FORMTEXT \ \Box Compliance \ Officer \ \Box \ \Box \ \Box \ Signature \ \Box \ Date \ \Box \ \Box$
FORMCHECKBOX $\Box\Box\Box$ FORMTEXT $\Box04/08/08\Box\Box\Box$ WILLFUL FALSE STATEMENTS ON
THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18,
SECTION 1001), AND/CR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION

PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE

47, SECTION 503). \square \square \square FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF

1995, P.L. 104-13, OCTOBER 1, 1995,44 U.S.C. 3507. \Box